

PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
 N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each in order of birth stated.

ARIZONA STATE BOARD OF HEALTH BUREAU OF VITAL STATISTICS STANDARD CERTIFICATE OF BIRTH

State File No. 149
 Registered No. 98

1. PLACE OF BIRTH

County Gila State Arizona
 District or Township _____ or Village _____
 City Globe No. Gila County Hosp. St. _____ Ward _____
 (If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child James David Blue { If child is not yet named, make supplemental report, as directed.

3. Sex of Child <u>Male</u>	To be answered ONLY in event of plural births.	4. Twin, triplet or other 5. No., in order of birth _____	6. Legitimate? <u>Yes</u>	7. Date of birth <u>May 5, 1930</u> Month _____ Day _____ Year _____
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8. FATHER
 Full name David Charles Blue

9. Residence (Usual place of abode) Globe
 If non-resident, give place and state. Ariz.

10. Color or race
White

11. Age at last birthday 36 (Years)

12. Birthplace (city or place) Morganfield
 (State or country) Ky.

13. Occupation
 Nature of industry Bank keeper

14. MOTHER
 Full maiden name Ruth G. Aldress

15. Residence (Usual place of abode) Globe
 If non-resident, give place and state. Ariz.

16. Color or race
White

17. Age at last birthday 20 (Years)

18. Birthplace (city or place) Globe
 (State or country) Ariz.

19. Occupation
 Nature of industry Housewife

20. Number of children of this mother <u>2</u> (Taken as of time of birth of child herein certified and including this child.)	(a) Born alive and now living <u>2</u> (b) Born alive but now dead <u>0</u> (c) Stillborn _____	21. Were precautions taken against ophthalmia neonatorum? <u>Yes</u>
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CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 8:10 a. m. on the date above stated
 (Born alive or stillborn.)

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Signature C. W. Adams
Physician
 (Physician or midwife).

Given name added from a supplemental report _____ Address Box 63 Globe, Ariz.

Month, day, year _____ Filed May 5, 1930 G. E. Wrightman
 Registrar _____ Registrar _____

125-505-932